



STEVEN D. BANE
CHIEF



CITY of WEST ALLIS
FIRE DEPARTMENT

January, 2015

Dear Applicant,

Thank you for your interest in, and application for, the position of Firefighter, City of West Allis. The process for establishing an eligibility list for Firefighters includes a written exam, interviews with Fire Department staff members, an interview with the Board of Police and Fire Commissioners, a physical ability test, and limited background checks. It is anticipated the process will be completed by June 2015.

The written exam is tentatively scheduled for Saturday, February 14, 2015, at 9:00 A.M. To be eligible to take the written exam you must submit a complete, accurate application as well as the required documents to support that you meet the minimum qualifications (see attached page). You will be notified of the official date, time, and location of the exam when the completed application and supporting documents are returned. **The deadline for returning an application is 4:00 P.M. FRIDAY, JANUARY 30, 2015.** All communication with candidates will be via email. Be sure to complete your email address where indicated on the "Required Documents" attachment.

Applicants who are not successful in being placed on the eligibility list, or who are placed on the list but not offered a position of employment, are encouraged to reapply for the position the next time applications for the position of Firefighter, City of West Allis, are offered.

Thank you for your interest in the West Allis Fire Department.

BOARD OF POLICE AND FIRE COMMISSION
CITY OF WEST ALLIS
WEST ALLIS, WI 53214

Announcing a RECRUITMENT for the position of:

FIRE FIGHTER

ESSENTIAL DUTIES: This is responsible and specialized work in a semi-military type of organization which requires employees to take orders and perform all assigned duties quickly and effectively.

The Firefighter is responsible for fire suppression, fire inspection, vehicle and fire station maintenance, hazardous material response, rescue operations, and emergency medical services; operates and performs maintenance checks on all Fire Department vehicles and equipment; responds as a member of a medical team to bring basic or advanced emergency medical care to citizens of the community; prepares written reports and maintains records under supervision of Shift Commander/Shift Officer; participates in daily training exercises and classroom lectures; conducts fire inspections in various occupancies in the jurisdiction; performs duties as a fire apparatus driver/operator, and officer, when assigned; performs duties as a certified Firefighter/EMT or Firefighter/Paramedic according to criteria and standards set forth by the department, when assigned; responsible for cleanliness of station and maintenance of apparatus, tools, equipment, and all other Fire Department property; conducts demonstrations, tours, and public speeches on fire safety, fire prevention, CPR, fire extinguishers, smoke detectors, first-aid, instructs Survive Alive, and other subjects to the public; if required, attend paramedic training and become a certified paramedic; performs other duties as may be assigned.

ESSENTIAL PHYSICAL REQUIREMENTS: Standing, walking and sitting; stooping, kneeling, crouching and crawling; running, grappling, climbing, balancing, bending, and twisting; reaching, feeling, talking, and hearing; far and near vision as follows: 20/40 in one eye and 20/100 in other eye, with correction – 20/20 in one eye and 20/40 in other eye (no contact lenses); lifting, carrying, pushing/pulling of 100 lbs. or more; handling, grasping, and fingering; fire hose, ladders, performing CPR, utilizing patient lifting devices, etc.

ESSENTIAL KNOWLEDGE AND SKILLS: Major life activities; effective communication, oral and written, with supervisors, peers, and public; understanding and following work rules and operating guidelines; read, write, add, and subtract; knowledge of national, state, and local laws and fire/safety codes; organize, direct, and coordinate written and oral reports; skills in report writing, computer usage, driving, and two-way radio usage; knowledge of fire protection system, water supply, building construction, natural and man-made disasters, fire control and extinguishment, and combustible and flammable materials; skills in firefighting, emergency medical services, fire inspection, and public relations.

The descriptions noted above are intended as illustrations of the various types of duties to be performed. The absence of specific statements of duties does not exclude those tasks from the position if the work is similar, related or a logical assignment of the position.

MINIMUM REQUIREMENTS:

1. Age 18 years as of January 30, 2015 (application deadline).
2. High School Diploma or equivalent.
3. Wisconsin State Firefighter Certification Level I.
4. Current State of Wisconsin EMT License.
5. U.S. Citizen.
6. Possession of a valid driver's license. (Restrictions as to physical reasons only will not disqualify a person for issuance and/or acceptance of an application, but may be a basis for rejection in the medical examination.)
7. Applicant must be of excellent health. A thorough medical examination will be performed by a Commission appointed physician before appointment is made, and the decision of the physician is final.
8. Applicant must be a non-user of tobacco products.

- CONTINUED -

PREFERRED QUALIFICATIONS:

1. Associate of Applied Science Degree in Fire Science or closely related field from an accredited college or university, and/or
2. Bachelor's Degree from an accredited college or university, and/or
3. Current Wisconsin EMT-Paramedic license, Nationally Registered.

RESIDENCY: The examination is open to all qualified candidates; however, an appointee must establish residency within the City limits or within a perimeter of 30-minute drive time (one hour response time) to West Allis Fire Station No. 3 within 18 months of appointment. Such residency, once established, must be maintained throughout employment with the City. Exact boundaries are determined by the Fire Chief.

SALARY DATA: The current *resident* biweekly salary is \$1,745.35 and rises in five additional annual increments to \$2,623.62. The current *perimeter resident* biweekly salary is \$1,713.10 and rises in five additional annual increments to \$2,574.06.

WORK SCHEDULE: The Department works a platoon system, averaging 51.84 hours per week – one 24-hour period every three days.

BENEFITS: Benefits include annual vacation of two weeks and one day for eight-hour employees and five duty days for twenty-four hour employees after one year of service, with provision for increased vacation based on length of service to a maximum of five weeks and one day after twenty-three years of service for eight hour employees and twelve duty days for twenty-four hour employees; a sickness-disability benefit plan; paid holidays; a comprehensive health insurance plan (which is contributory) covering the employee and his/her family, with eligibility the first of the month following thirty days of service; fully paid dental Insurance covering the employee and his/her family, with eligibility the first of the month following six months of service; a pension system whereby the City partially contributes towards retirement benefits under the Wisconsin Retirement Fund*; after six months of service, a fully paid Life Insurance Program* with coverage in the amount of the employee's annual salary adjusted to the next highest one thousand dollars with the option for additional coverage; longevity pay of five dollars per month for each five year unit after fifteen years of service to a maximum of twenty-five dollars per month for twenty-five years of service; an educational reimbursement plan for the pursuit of job-related courses, seminars or workshops; and voluntary benefit programs consisting of Section 125: Flexible Benefits for Dependent Care and Medical Reimbursement, Section 457: Deferred Compensation, Treasury Direct Payroll Savings Plan for Savings Bonds, Employee Wellness Program and an Employee Assistance Program (EAP).

*The Wisconsin Retirement Fund and Life Insurance Program benefits are provided according to plan guidelines of the State of Wisconsin Department of Employee Trust Funds.

EXAMINATION DATA: The first step in the selection process will be a review and evaluation of application materials to identify those applicants who meet the minimum requirements. Therefore it is necessary that applicants provide clear and specific information when completing the application materials.

The examination will consist of a written examination, the IAFF/IAFC Candidate Physical Ability Test (CPAT), and oral interviews with Fire Department staff and the Police and Fire Commission. Candidates who complete and pass all phases of the examination will be so informed by the Police and Fire Commission. After all preliminary examinations are completed, an eligibility list will be established which will be in effect for one year unless rescinded or extended by the Commission. An alphabetical list of candidates will be maintained for consideration for appointment in accordance with Police and Fire Commission Rules as vacancies occur.

Prior to appointment, candidates must submit to a medical examination by a Commission-appointed medical examiner. There is no grade given on the medical examination. A candidate either qualifies or does not qualify. **FINDINGS OF THE MEDICAL EXAMINER ARE FINAL.** Candidates rejected by the medical examiner **ARE NOT PERMITTED** to be re-examined by their own private physician for the same examination.

- CONTINUED -

As part of the physical examination, candidates are required to undergo a drug and alcohol test. The test is one method of judging probable safety to self and others while performing job duties as a Firefighter and preserving public confidence and trust in the Fire Department of the City of West Allis.

Upon successful completion of the medical examination, a psychological evaluation by a licensed mental health professional appointed by the Commission is required. It is used to judge a candidate's psychological fitness to perform the duties of a Firefighter. Findings are final. Prior to appointment, background investigations will be conducted.

VETERAN'S POINTS: Honorably discharged war veterans who pass the written test will be awarded special credit points upon presentation of proper proof at the time of application (DD Form 214).

GENERAL INFORMATION:

1. A Firefighter recruit is on probation for twelve months following appointment. The employee may be subject to discharge without cause at any time during the probationary period.
2. In addition to the above, an appointee must meet the following conditions of employment:
 - a) Become proficient in Fire Department Operating Guidelines (OGs) and
 - b) Meet the minimum requirements set forth in the Bureau of Training and Safety's Physical Performance Test (PPT) and
 - c) Become proficient in the operational standards for driving all Fire Department vehicles/apparatus and
 - d) Work as an acting officer on fire and EMS companies when requested and
 - e) Satisfactorily pass progress evaluations as set forth by the Bureau of Training and Safety and
 - f) Refrain from the use of all tobacco products and
 - g) Participate in all aspects of the Fire Department's version of Wellness/Fitness Initiative, based upon the IAFF/IAFC Wellness and Fitness Initiative, current edition and
 - h) Maintain a valid State of Wisconsin Driver's License and
 - i) Maintain a valid State of Wisconsin Emergency Medical Technician license (at the level in use by the West Allis Fire Department) and
 - j) Become licensed as an Emergency Medical Technician-Paramedic able to practice in the State of Wisconsin if requested by the Fire Chief and
 - k) Abide by all Rules and Regulations, Policies and Procedures of the Fire Department as approved by the Board of Police and Fire Commissioners and
 - l) Pass annual physical ability tests as required by the Fire Department, developed in consideration of the IAFF/IAFC Physical Ability Program.

HOW TO APPLY: Applications are available online at www.westalliswi.gov, or from West Allis Fire Department Administration, 7332 West National Avenue, West Allis, WI 53214, 414/302-8900, Monday – Friday, 8 a.m. – 5 p.m. **DEADLINE: 4 P.M., Friday January 30, 2015.** Applicants must present the following at time of application:

1. City of West Allis job application (You are encouraged to supplement the application with a resume; however applicants shall not be disqualified for failing to submit a resume.)
2. Certified Birth Certificate (a copy will be made and the certificate returned)
3. Copy of High School Diploma or equivalent
4. Copy of valid Driver's License, both sides
5. Copy of current State of Wisconsin EMT License
6. Copy of State Firefighter Level I Certificate

Visit our website at www.westalliswi.gov for further information on the City of West Allis.

The Board of Police and Fire Commissioners is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veteran's status in the admission or access to, or treatment or employment in and its services, program or activities.

Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.

IMPORTANT

1. Return the completed “Application for Employment” to the City of West Allis Fire Department Administration, 7332 West National Avenue, West Allis, WI 53214, no later than 4:00 P.M., Friday, January 30, 2015. The application must be typed or printed legibly in ink.
2. With your application, you may submit a resume if you wish. (Applicants shall not be disqualified for failing to submit a resume.)
3. Any deliberate falsification on the application will result in disqualification of your application. If it is discovered after you begin employment that you made a false statement, it may be grounds for discharge.
4. Include copies of any college degrees, diplomas, certifications, college credits, paramedic license, etc.; Wisconsin State Certified Firefighter Level I and a current Wisconsin EMT License are mandatory.
5. Personnel receiving your application will also check for the following:
 - Valid Wisconsin Driver’s License
 - Certified Birth Certificate (certificate will be returned)
 - High School Diploma or equivalent
 - Current Wisconsin EMT License
 - Wisconsin State Certified Firefighter Level I

Those applicants who meet the minimum qualifications and properly return the above will receive notice of the time and place of the written exam.



BUREAU OF OPERATIONS

Jay D. Scharfenberg
ASSISTANT CHIEF



CITY of WEST ALLIS
FIRE DEPARTMENT

Fire Department Applicants

You will be notified via **email** after January 30, 2015, with an invitation to the written exam, if you are to proceed in the recruitment process.

REQUIRED DOCUMENTS

When returning the application you must include this form and the documents listed below which apply to you.

The entire packet **MUST BE DELIVERED TO THE CITY OF WEST ALLIS FIRE DEPARTMENT ADMINISTRATION, 7332 WEST NATIONAL AVENUE, WEST ALLIS, WI 53214, NO LATER THAN 4:00 P.M., FRIDAY, JANUARY 30, 2015**, or our Department will remove you from further consideration.

Check if document(s)
attached or enter N/A

- _____ Certified Birth Certificate from the state or county (NOT A HOSPITAL CERTIFICATE). A photocopy will be made and the certificate returned.
- _____ CERTIFIED COPY OF NATURALIZATION PAPERS, if you were not born in the United States. Official Naturalization papers must be presented at time of application filing.
Attn.: Fire Administration – certifying Naturalization Papers: I hereby certify that I have examined the document presented and that the document appears to be genuine and relative to the applicant named below.
- _____ Signature _____
- _____ Photocopy of VALID DRIVER'S LICENSE, both sides. (Restrictions as to physical reasons only, will not disqualify a person for issuance of an application, but may be a basis for rejection in the medical examination).
- _____ Photocopy of HIGH SCHOOL DIPLOMA or EQUIVALENT.
- _____ Photocopy of WISCONSIN FIREFIGHTER LEVEL I CERTIFICATION. Fill in certificate number below.
Certificate Number _____
- _____ Photocopy of CURRENT WISCONSIN EMERGENCY MEDICAL TECHNICIAN – BASIC LICENSE or higher. Applicants must have a current EMT license at the close of the application period; an EMT Basic training permit or certificate of completion of the EMT course is not acceptable.
- Type of license (Circle): EMT-B (Basic) EMT-IV EMT-I (Intermediate) EMT-P (Paramedic)
- Wisconsin EMT license number _____ Expiration date: _____
- _____ Applied for license and awaiting receipt (license must be turned in by close of application period).
- _____ Copy of form DD 214 if you are entitled to Veteran's Preference Points.
- _____ Photocopies of any College Degree(s) Bachelor's Degree _____ Associate Degree _____
- _____ With your application, you may submit a resume if you wish. (Applicants shall not be disqualified for failing to submit a resume.)

I certify that I have attached the necessary documents:

Signature: _____ Date: _____

Email you would like all communication sent: _____



APPLICATION FORM

ATTENTION APPLICANTS - PLEASE READ

Following are important points to know about the City of West Allis application process:

1. **Applications must be completed in full.** Applications not completed in full may be subject to disqualification.
2. A completed application form is required. You may supplement the application form with a resume; however, providing a resume does not exclude you from completing the application form in full.
3. It is to your advantage to be clear and thorough when completing the application, as it is the only means the City has of reviewing your qualifications for employment. We cannot assume more than what you tell us.
4. If you faxed or emailed your application, you still need to mail in or drop off the original in order to be considered for employment.
5. After all the applications are reviewed, the most qualified candidates will be invited to participate in other phases of the hiring process. All applicants are evaluated on job-related factors only.
6. If you are planning to be out-of-town within the next 90 days, please indicate the dates you will not be available on the front section of the application form. Dates of unavailability will be reviewed to determine if any accommodations are feasible.
7. It is the policy of the City of West Allis to provide reasonable accommodations for qualified individuals with disabilities who are applicants for employment. If you are a qualified individual with a disability and need a reasonable accommodation in the testing or interview phase of our hiring process, please contact the Human Resources Division at (414) 302-8270 or e-mail jbarwick@westalliswi.gov at least 72 hours (i.e., three (3) work days) in advance. Each request for accommodation will be reviewed on a case-by-case basis and accommodated unless it is determined to be unreasonable.
8. If you are having problems completing the application form or have any questions or concerns, contact the Human Resources Division.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.

(APPLICANT MAY RETAIN THIS PAGE)



Human Resources Division
7525 West Greenfield Avenue
West Allis, Wisconsin 53214

Exam No. _____

Telephone: 414-302-8270
Fax: 414-302-8275
www.westalliswi.gov

City of West Allis
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

IMPORTANT: READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION. EXCEPT WHERE NOTED, ALL REQUESTED INFORMATION MUST BE FURNISHED. THE INFORMATION YOU GIVE WILL BE USED TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE TYPE OR PRINT.

Dates of unavailability (If you are planning to be out-of-town within the next 90 days, please indicate the dates you will not be available):

Position applied for _____

Name _____
(LAST) (FIRST) (MIDDLE)

Social Security Number _____

Other names under which you have been legally known _____

Address _____
(STREET) (CITY) (STATE) (ZIP)

Phone Number: Home _____ Cell _____

E-Mail Address _____

Are you at least 18 years old? ☐ Yes ☐ No

Do you have the legal right to live and work in the United States? ☐ Yes ☐ No

Do you wish to have the information contained in your
application materials remain confidential as permitted by law? ☐ Yes ☐ No

If the job requires use of a motor vehicle, do you have a valid Wisconsin Driver's License? ☐ Yes ☐ No

If the job requires use of a Commercial Driver's License (CDL), do you have a valid CDL? ☐ Yes ☐ No

List CDL classification(s) and/or endorsement(s) _____

MILITARY SERVICE:

Have you ever served in the U.S. Armed Forces, National Guard or Military Reserves? ☐ Yes ☐ No

Branch of Service _____ Dates of Duty: From ____/____/____ To ____/____/____
MM / DD / YYYY MM / DD / YYYY

Per DD Form 214:

Type of Separation _____ Character of Service _____

Narrative Reason for Separation _____

(List and detail individual position(s)/rank(s) held under work history)

EDUCATION AND TRAINING:

<p>Do you have a High School Diploma?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name High School:</p> <p>_____</p> <p>City/State:</p> <p>_____</p>	<p>Do you have a GED?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>From Where:</p> <p>_____</p> <p>City/State:</p> <p>_____</p>	<p>If <u>no</u> High School Diploma or GED, circle the highest grade or year completed:</p> <p style="text-align: center;">6 7 8 9 10 11 12</p> <p>From Where:</p> <p>_____</p> <p>City/State:</p> <p>_____</p>
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Training Beyond High School (Technical College, College, University, or other schools you have attended)

Name and Location	Graduated	Degree Conferred	Major
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any other education, training, license(s) and/or certificate(s) – be specific and include dates.

WORK HISTORY:

GIVE A COMPLETE RECORD OF ANY EMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE AND/OR VOLUNTEER WORK YOU HAVE HAD IN THE PAST 10 YEARS. Start with your current or most recent job. Indicate any change in job title under the same employer as a separate position. You may include positions beyond the 10-year period if they are related to the position for which you are applying. Although resumes are welcome, they may not be substituted for the information requested below.

PRESENT OR MOST RECENT EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR
YOUR DUTIES		FROM (MO. & YR.) TO (MO. & YR.)
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
		(_____ HRS. PER _____)
		ACTUAL HOURLY RATE/SALARY STARTING ENDING
		\$ _____ PER _____ \$ _____ PER _____

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)		
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____		

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)		
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____		

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)		
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____		

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)		
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____		

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)		
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____		

Use a separate sheet to continue with any additional qualifying employment data, using same format as above.

If you were discharged for cause from any employment, state the details: _____

List any equipment, machines, tools, or computer software you are skilled in using.

VIOLATIONS OF LAW: A Police background check may be conducted prior to a job offer.

Are you currently subject to a pending charge? ☐ Yes ☐ No

If yes, what is the pending charge? _____

Have you ever been convicted of operating a vehicle while intoxicated (OWI) or any other violations of law excluding minor traffic violations? ☐ Yes ☐ No

If yes, list and detail what you have been convicted of, date and location of conviction, and the penalty imposed: _____

(The City, as a matter of explicit policy, does not use pending charges or convictions as the sole criteria in its employment decisions; they will be considered only if there is a substantial relationship to the circumstances of the particular job or if bondability is at issue.)

Have you applied with the City of West Allis before? ☐ Yes ☐ No If yes, for what position(s) and when? _____

CERTIFICATION AND AGREEMENT

I certify that answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions herein subject me to disqualification or dismissal.

I authorize the City of West Allis to make such investigations and inquiries of my employment, character, qualifications, and medical history as may be necessary in arriving at an employment decision. I hereby release all employers, companies, schools or persons from all liability in responding to such inquiries made in connection with my application.

I further understand that in the event of employment by the City, my classification as a permanent employee depends upon my successfully performing work assigned me during a probationary period, where applicable.

(DATE)

(SIGNATURE OF APPLICANT)

(FOR HR OFFICE USE ONLY)

Comments: _____



ADDITIONAL INFORMATION

This form **MUST** be returned with your application materials.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.

To help us comply with Federal/State Equal Employment Opportunity record keeping and other legal requirements, please answer questions below.

Position applied for _____ Social Security Number _____

Name _____
(LAST) (FIRST) (MIDDLE)

Completion of this part of the form is voluntary. The information you provide will not be used in the decision to hire. If you choose not to complete this section, proceed to the bottom of the form for your signature and date.

Sex: ☐ Male ☐ Female Birthdate ____/____/____ Age _____
MM / DD / YYYY

Veteran Status: ☐ Veteran ☐ Non-Veteran ☐ Disabled Veteran, Disability Rating _____%

Ethnic Group:

- ☐ **Black** (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.
- ☐ **Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- ☐ **White** (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Do you consider yourself to be disabled? ☐ Yes ☐ No

[A disabled individual is: any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment or is regarded as having such impairment. Major life activities which might be substantially limited by such impairment include: walking, talking, or otherwise communicating, self-care, socialization, work training, employment, transportation or adaptation to housing (these are examples only).]

If yes, what is the disabling condition? _____

What limitations does this condition impose on major life activities? _____

How did you hear about this job? (Please specify where applicable.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Milwaukee Journal/Sentinel | <input type="checkbox"/> Job Service | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Spanish Journal | <input type="checkbox"/> City Cable Channel | <input type="checkbox"/> Community/Minority Organization _____ |
| <input type="checkbox"/> City Website | <input type="checkbox"/> Bulletin Board/Walk-In | <input type="checkbox"/> Other Advertisement _____ |
| <input type="checkbox"/> Interest Card | <input type="checkbox"/> Employee | <input type="checkbox"/> Other Website _____ |
| <input type="checkbox"/> Job Hotline | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other _____ |

The above-completed information is true to the best of my knowledge:

(DATE)

(SIGNATURE)